Managing Medicines and Supplies in Child Survival Programs

Action Guide for Program Managers

Management Sciences for Health is a nonprofit organization strengthening health programs worldwide.



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About BASICS

Begun in 1994 and now in its third 5-year cycle, BASICS partners with the USAID Bureau for Global Health to develop and implement strategies for scaling up the use of interventions that have proven effective in reducing preventable infant and childhood deaths in the developing world. The project is implemented by the Partnership for Child Health Care, Inc., of which MSH is a partner. BASICS' focus areas include newborn health, nutrition, immunization, diarrhea, pneumonia, malaria, pediatric HIV, healthy pregnancy spacing, and child survival and nutrition in complex humanitarian crises.

About RPM Plus

RPM Plus works in more than 20 developing and transitional countries to provide technical assistance to strengthen pharmaceutical and health commodity management systems. The program offers technical guidance and assists in strategy development and program implementation both in improving the availability of health commodities—pharmaceuticals, vaccines, supplies, and basic medical equipment—of assured quality for maternal and child health, HIV/AIDS, infectious diseases, and family planning and in promoting the appropriate use of health commodities in the public and private sectors.

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Managing Medicines and Supplies in Child Survival Programs Action Guide for Program Managers

Dear Child Survival Program Manager,

We know that inappropriate use and lack of essential medicines and commodities prevent the effective implementation of many innovative child survival interventions and programs. Most managers do not know exactly how much the lack and misuse of medicines affect the success of their programs or how much can be done to overcome these problems.

This *Action Guide* is designed for those involved in child survival, IMCI, malaria, ARI, diarrhea, or nutrition programs, and provides a structured way for you to expand your role and ability to solve the most common medicine availability and use problems. The steps in the *Action Guide* will help you determine to what extent you can become involved in improving the supply of medicines and supplies in your program. The *Action Guide* will give you the opportunity of learning something new and challenging as well as to achieve improved availability and use of the medicines essential for your child survival program.

The actions are organized for you to carry them out step by step. Actions range from making a phone call, meeting someone, or gathering information. You may use any resources you have available. The actions you take and their sequence may vary according to your other activities and opportunities. You can use the *Action Guide* on your own or with a team and divide the work. In general, we suggest that when you plan your work for the week, you also make plans to complete one step of the *Action Guide* per week in the context of your everyday work.

At the beginning of each week, read the corresponding step in the *Action Guide* and make plans to take as many actions as you can that week. Don't worry if you cannot complete all the actions. Do as much as you can. The whole program can be completed in a minimum of 12 weeks, that is, one step per week, but you can take your time as needed. To get started, take a look at the first step and choose the actions you feel comfortable doing next week, and go ahead. Tell us how it is going and ask for help and guidance at any time from the child survival team at Rational Pharmaceutical Management (RPM) Plus (rpmplus@msh.org).

We want to help you and coach you as you expand your role. We hope this experience will enrich you and improve the results of your program.

Thanks for using the *Action Guide*!

Managing Medicines and Sup	pues in Chiia sarviva	i i rograms. Action Gi	itae joi 1 rogram Managei	3

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Managing Medicines and Supplies in Child Survival Programs: Action Guide for Program Managers

ACRONYMS AND ABBREVIATIONS

ARI acute respiratory infection

BASICS II Basic Support for Institutionalizing Child Survival II Project

CMS central medical store(s)

CS child survival

EML essential medicines list

IEC information, education, and communication
IMCI Integrated Management of Childhood Illness

INRUD International Network for the Rational Use of Drugs

MOH Ministry of Health

MSH Management Sciences for Health

NDP national drug policy

NGO nongovernmental organization

ORS oral rehydration salts

PAHO Pan American Health Organization PTC pharmacy and therapeutics committee

PVO private voluntary organization

RPM Plus Rational Pharmaceutical Management Plus Program

SP sulfadoxine-pyrimethamine

UNICEF United Nations Children's Fund

managing medicines and	supplies in Chila s	urvivai i rograms.	Action Guine for Trog	grum managers

STEP 1. YOUR ESSENTIAL CHILD SURVIVAL MEDICINES AND COMMODITIES

	Action Guide	STEP 1	Date:
1.	Name:		2. Program:
3. V	What strategic objective(s) does your	child survival (CS)	program plan to achieve?

4. Check the medicines and commodities that are essential to the delivery of the services you					
are improving.					
□ Co-trimoxazole					
□ Paracetamol/acetaminophen					
Amoxicilline					
□ Sulfadoxine-pyrimethamine (SP)					
□ Other antimalarial (specify):					
□ ORS packet					
□ Syringe					
□ Iron/folate tablets					
□ Weighing scale					
□ Vitamin A					
Thermometer					
□ Timer □ Condition					
Cord ties					
□ Iodized salt					
□ Growth charts					
□ Counseling cards					
□ Insecticide-treated nets					
□ Stock cards					
□ Growth charts					
Other records:					
Others:					

5. If you had to pick only three pushich would they be?	products that would be vital to the success of your program,
1	
Why?	
2.	
Why?	
3	
Why?	
Remember: These are your pr priority in procurement, distri	riority products. Your focus will be in making them a ibution, and use.
6. Use the form provided in Ann <i>Medicines and Commodities</i> from	nex 1 to prepare a table of your <i>Essential Child Survival</i> m Question 4 above.
you focus on what medicines are	g the management of medicines for your CS program. It helps e crucial for CS programs and therefore which products need to a will use this list for the remaining activities.
objectives of your program. For strength (100 mg, 500 mg, etc.).	nes, and commodities you consider essential to achieve the medicines, define the form (tablet, vial, suspension, etc.) and For other commodities, define the specifications. You will (5, 6, 7, and 8) in Steps 2, 4, and 5.
	vare that these supplies are essential to run the CS program and f these supplies. For example, hold a meeting for all staff and the list to everyone.

Example: Table of Essential Child Survival Medicines and Commodities

Column 1	2	3	4	5	6	7	8
Medicines/Commodities	Strength/form or specification	Packaging or other requirements	Storage or maintenance requirements	EML	CMS Catalog	CMS Price	Registered
1. Co-trimoxazole suspension	240 mg/5 ml			Y			\checkmark
2. SP tablets	525 mg tablet		Keep out of direct light	Y			\checkmark
3. Paracetamol suspension	120 mg/5 ml			Y			√
4. ORS packet		Sachet					
5. Iron/folate tablet	200 mg/0.25 mg tablet	Blister pack of 100 (20 x5)					\checkmark
6. Vitamin A	200,000 IU		Keep out of direct light				
7. Iodized salt	10 kg drums						
8. Insecticide-treated net							
9. Thermometer							
10. Scale	Infant spring scale, with glass-covered dial and bag						
11. Cord ties and blade							
12. Iron suspension							

STEP 2. SELECTION

Ac	ction Guide STEP 2	Date:	
Na	nme:	Program:	
	Supply Management Ac	ction Area: SELECTION	
A(CTION		V
1.	Get a copy of the most recent national essen Note the date it was last revised	, ,	
2.	Check to see if the products included in you <i>Medicines and Commodities</i> are included in vaccines are on the EML in column 5 of you	the EML. Indicate which medi	
3.	Calculate the percentage of medicines and v * If this is less then 100%, discuss your find committee meeting.		%
4.	Find out what products are available at the c should be a catalog of all the products availa most recent updates.	* * * * * * * * * * * * * * * * * * * *	
5.	Check to see if the products included in you <i>Medicines and Commodities</i> are available the products are on the CMS list in column 6 of	rough the CMS. Indicate which	
6.	Calculate the percentage of products in your catalog. * If this is less then 100%, discuss your find committee meeting.		%
Oı	utcomes of IMCI or Inter-Agency Coordina	ating Committee Meeting:	

Managing Medicines and Supplies in Child Survival Programs: Action Guide for Program Managers	

STEP 3. SELECTION

Act	ion Guide	STEP 3	Date:		
Naı	ne:			Program:	
	Supp	ly Management A	ction Area: SE	LECTION	
AC	TION				$\sqrt{}$
1.	Contact the drug regulat there is a national drug p the supply of medicines. it.	policy (NDP) that g	guides how the g	government manages	
2.	Determine if child survi the next IMCI technical		•	DP. Discuss findings at	
3.	Find out if a pharmacy a called <i>drug and therape</i> medication through the medication selection, prothe national, district, or a	utics committee. A development of rel ocurement, and use	PTC promotes to evant policies and	the rational use of and procedures for	
4.	Find out who is on the F	TC.			
5.	Find out if the PTC is reattend their next meeting selection and ask to attend	g. If not the PTC,	find out what gro	•	
6.	Commodities on the survival priorities anIf there was less than Commodities in the	in 100% of your Est. EML from Step 2, and the EML. In 100% of your Est. CMS catalog from ties and the available the procurement prior	sential Child Sur present your fin sential Child Sur Step 2, present y ility of products	rvival Medicines and adings about child rvival Medicines and your findings about in the central medical	
7.	Report back to IMCI or	Inter-Agency Coor	dinating Comm	ittee.	

Managing	Medicines and Supplie	es in Child Surviva	u Programs: Actio	n Guiae Jor Program	Managers	
Conclusions from meeting with the PTC or selection body:						
	ğ					
0						
Outcomes fro	m IMCI or Inter-A	Agency Coordi	nating Commit	ttee Meeting:		

STEP 4. PROCUREMENT

Action Guide STEP 4 Date:_____

Na	ame:		Program:		
	Supply Managemen	ıt Ac	tion Area: PROCUREMENT		
A	CTION				V
1.	Find out what agency is in charge of regis the country. For example, in the U.S. this (FDA).				
2.	Determine how many of the products on y <i>Commodities</i> are registered in the country someone from this agency to review your the country in column 8 of your table.	. Thi	s may require making an appointm	ent with	
3.	Calculate the percentage of medicines on Medicines and Commodities table that are discuss your finding at the next IMCI tech	regi	stered. If this is less then 100%,	%	
4.	Find out who purchases medicines and commodities for use in the public sector facilities. (Check all that apply.)		Central government Parastatal procurement agency Local governments Private procurement agency Donors, e.g., UNICEF, PAHO Faith-based agency PVOs/NGOs Other		

Nan	ne:	: Program:	Program:	
		Supply Management Action Area: PROCUREMENT		
AC	TI(ON	V	
5.	Me	eet/speak with the main purchasers to:		
	a.	Find out what month of the year budgetary allocations are usually made. (Mont	th:	
)		
1	b.	Find out how they prepare the budget for procurement.		
(c.	Find out how they estimated the quantity of medicines they bought last year.		
	d. e.	Find out if they will buy these products again this year. Y/N Advocate for the products on your table to be included in the next budget.		
6.	Re	eport back to IMCI or Inter-Agency Coordinating Committee.		
	O	Outcomes from IMCI or Inter-Agency Coordinating Committee Meeting:		

STEP 5. PROCUREMENT

A	tion Guide STEP 5	Date:			
Name: Program:		Program:			
	Supply Management Action Area: PROCUREMENT				
A(CTION		V		
1.	Find out what method is used for public sector procurements by the main purchasing/procurement agency as noted in Step 4.	(Check all that apply.) ☐ An international tender ☐ A local tender ☐ An annual tender ☐ Direct purchases as needed ☐ A price comparison among three suppliers ☐ A tender among prequalified suppliers ☐ Other:			
2.		stings of all the medicines and products on s and Commodities table. Mark all prices in ding row.			
3.		th (MSH) at www.erc.msh.org by clicking			
4.	prices of at least three products from the	Commodities table to price listings in the			
5.	From the procurement agency, find out your Essential Child Survival Medicines	the main suppliers of all products listed in s and Commodities table.			
6.	Identify the products for which there is competition to control the price.	only one supplier and therefore no			
7.	Find out if purchases are made using ger important in determining the cost of med	neric names or brand names. This can be dicines.			

Name:	Program:	
Supply Management Action Ar	ea: PROCUREMENT	
ACTION 3. Discuss all findings at the next IMCI technical me purchasing with the selection body and purchasing not already a common practice.		1
Outcomes from IMCI or Inter-Agency Coordinati	ng Committee Meeting	

STEP 6. STORAGE AT THE CENTRAL LEVEL, DISTRIBUTION, AND STORAGE AT THE FACILITY LEVEL

Action Guide STEP 6 Date: Program: Name: Supply Management Action Area: STORAGE AT THE CENTRAL LEVEL **ACTION** $\sqrt{}$ 1. Find out where the CMS/main warehouse is and arrange a time to visit in order to answer the following questions. 2. Find out if there are expired child survival products in the main warehouse. Ask to be shown some of the products on your Essential Child Survival Medicines and Commodities table to see that they are not expired. Make a note of the medicines that were expired, if any, and the quantity expired. 3. Ask about the inventory control system they in place. An inventory control system is important to keep track of stock movements and ensure availability of medicines. • Do they have stock cards? Y / N • Are the stock cards up-to-date? Y / N 4. Determine if the inventory control system is computerized. Ask for a printout showing the stock available for the essential child survival medicines and commodities, as this is useful to check whether the medicines and commodities on your list are available (although it is always a good idea to check f they are physically available, too). 5. Ask if the warehouse is secure. Have there been any break-ins?

6. Discuss findings with store management and IMCI committee.

Supply Management Action Area: DISTRIBUTION	
ACTION	V
 7. Determine the method for getting medicines and supplies from central or regional stores to health workers in the facilities. □ Push (central store determines need for supplies to be sent to the facilities) □ Pull (facilities request supplies from central or regional stores on a regular basis) □ Pull (facilities order on an ad hoc basis) 	,
☐ Combination of push and pull systems ☐ Kits delivered	
8. Find out if medicines are distributed separately from supplies (vaccinations, needles, gloves, etc.).	
 9. Find out if there are procedures for receiving orders at facilities. For example: For making certain what was ordered was received. For checking the state of packaging. Is the packaging damaged? 	
This is important because it provides a mechanism for assuring quality.	
10. Ask the IMCI committee or the MOH if there has been an IMCI facility survey or any other medicine supply assessments. If yes, get a copy (or copies) and read it.	
11. Summarize the main findings of the reports and discuss at IMCI technical meeting.	
Outcomes from IMCI or Inter-Agency Coordinating Committee Meeting	

STEP 7. AVAILABILITY

Action Guide STEP 7 Date:_____

Name:		Program:	
Supply Management Ac	tion Area: AVAILABILI	TY AT THE FAC	ILITY LEVEL
ACTION			V
Visit some health facilities a determine what medicines a Medicines and Commodities	nd products from your <i>Ess</i> stable are available in the l	ential Child Surviv nealth facility (colu	al
2. Calculate the percentage of <i>Survival Medicines and Con</i> health facility. See Annex 2	nmodities list that are avail	able in the	%
3. Determine for how many da the last three months (colum			
4. Calculate the percentage of Annex 2 for the calculation		oducts. (See	%
5. Determine if stock cards are of the facility. Ask where an why they do not have them.	=	_	_
6. Determine if physical count counting what is in stock an card, and record your findin	d comparing with the quar	ntity recorded on the	
7. Find out how medicines are facility.		Free Revolving drug f Community-base Other:	d financing
8. If the medicines are not free a. What are the pricing polib. Who is exempt?c. How are prices fixed?	cies? -		
d. Can families afford these	e prices? Y/N		

Name:	Program:	
Supply Management Action Area: AVAILABILIT	ΓΥ AT THE FACILITY LEVEL	ı
ACTION		√
9. Get a copy of the Handbook for Drug Supply Managen	nent at the First-Level Health	
·		
	ed. The specific URL is	
Supply Management Action Area: AVAILABILITY AT THE FACILITY LEVEL ACTION 9. Get a copy of the Handbook for Drug Supply Management at the First-Level Health Facility, which can be downloaded from the WHO website at www.who.int. The document is 70 pages. Adobe Acrobat Reader is required. The specific URL is www.who.int/child-adolescent-health/New_Publications/CHILD_HEALTH/WHO_CHD_98.4/DSM-handbook.pdf 10. Having read the handbook, ask how staff order supplies in the facilities? Decide if the method is appropriate. 11. Find out if pharmacy staff have been trained in store management. 12. Share all findings with facility and store staff. Discuss ways that medicines and other products required for child survival can be prioritized. 13. Write down your conclusions and share with the IMCI or CS committee. Conclusions to share with IMCI or Inter-Agency Coordinating Committee Meeting: Outcomes from IMCI or Inter-Agency Coordinating Committee Meeting:		
document is 70 pages. Adobe Acrobat Reader is required. The specific URL is www.who.int/child-adolescent-health/New_Publications/CHILD_HEALTH/WHO_CHD_98.4/DSM-handbook.pdf 10. Having read the handbook, ask how staff order supplies in the facilities? Decide if the method is appropriate. 11. Find out if pharmacy staff have been trained in store management. 12. Share all findings with facility and store staff. Discuss ways that medicines and other products required for child survival can be prioritized.		
11. Find out if pharmacy staff have been trained in store ma	anagement.	
·	ways that medicines and other	
Facility, which can be downloaded from the WHO website at www.who.int. The document is 70 pages. Adobe Acrobat Reader is required. The specific URL is www.who.int/child-adolescent-health/New_Publications/CHILD_HEALTH/WHO_CHD_98.4/DSM-handbook.pdf 10. Having read the handbook, ask how staff order supplies in the facilities? Decide if the method is appropriate. 11. Find out if pharmacy staff have been trained in store management. 12. Share all findings with facility and store staff. Discuss ways that medicines and other products required for child survival can be prioritized. 13. Write down your conclusions and share with the IMCI or CS committee. Conclusions to share with IMCI or Inter-Agency Coordinating Committee Meeting:		
Conclusions to share with IMCI or Inter-Agency Coo	rdinating Committee Meeting:	
Outcomes from IMCI or Inter-Agency Coordinating	Committee Meeting:	

STEP 8. USE: DRUG INFORMATION, IEC, BEHAVIOR CHANGE

Ac	ction Guide STEP 8 D	ate:		
Na	Name: Program:			
	Supply Management Act	ion Area: USE		
AC	CTION	V		
1.	Find out if there are national guidelines for rational or standard treatment guidelines, and read them. A			
2.	Find out who has the responsibility of updating state to help. Is it the PTC or other selection body?	ndard treatment guidelines and offer		
3.	Find out if there are guidelines for dispensing, and	read them. Are they appropriate?		
4.	Get a copy of the WHO publication <i>Guide to Good</i> office or from the Internet at http://whqlibdoc.who Read it. Find out if WHO has already distributed t some related training on rational use of medicines.	.int/hq/1994/WHO_DAP_94.11.pdf . ne guide in your country or done		
5.	Find out from the IMCI committee or the MOH if on the use of medicines at the facility level. If so, summarize the main findings and discuss at IMCI	get a copy of the report and read it.		
6.	Learn about the International Network for the Rati the organization's website at http://www.inrud.org group in your country, and meet them to find out v	. Find out if there is an INRUD		
7.	Find out if there is any regular monitoring or superegional, or national level (could also include avaithe IMCI or CS committee. You might want to use for Childhood Illness Assessment (C-DMCI) Manuare a variety of tools available. To see a selection Child Survival website at http://www.msh.org/programmer.	ability). If not, discuss the idea with the Community Drug Management and developed by RPM Plus. There of tools available, see the RPM Plus		
8.	Find out if there has been a study of medicine use study, e.g., using the C-DMCI, to the IMCI or CS			

9. Find out if the private sector providers, private doctors, pharmacists, drug sellers, etc., are aware of IMCI treatment guidelines. This can be done by talking to the professional associations. Explore the possibility of doing an information sharing workshop. Explore ways of disseminating information brochures through the private sector.	
ways of disseminating information brochares unough the private sector.	
10. Write down your conclusions and share with the IMCI or CS committee.	
Outcomes from IMCI or Inter-Agency Coordinating Committee Meeting	

STEP 9. USE: PRESCRIBING

Date:

STEP 9

Action Guide

Name: Program: Supply Management Action Area: USE/PRESCRIBING **ACTION** 1. Visit some health facilities to determine if IMCI or treatment guidelines are available in public health facilities. Record findings in the Form for Study of Prescriptions in Annex 3. 2. Determine if medicines are usually prescribed according to IMCI or treatment guidelines. Review a sample of about 20 prescriptions from a six-month period. For each facility, select one random case per month for each of the four condition (malaria, non-pneumonia ARI, pneumonia, and diarrhea [non-bloody]), using the form in Annex 3. Indicators for use are as follows: • Malaria: • % prescribed any antimalarial (target 100%) • % prescribed the first-line antimalarial according to national guidelines (target 100%) • Non-pneumonia ARI: • % prescribed antibiotic (target 0%) Pneumonia: • % prescribed any antibiotic (target 100%) • % prescribed the first-line antibiotic according to national treatment guidelines (target 100%) Diarrhea (non-bloody): • % prescribed antibiotic (target 0%) • % prescribed ORS (target 100%) 3. For each facility calculate indicators for malaria, non-pneumonia cough or cold, pneumonia, and diarrhea in Annex 3. 4. Share your findings with the staff at each facility. Discuss with facility and store staff ways medicines and other products required for child survival can be prioritized. 5. Write down your conclusions from several facilities and share with the IMCI or CS committee.

STEP 10. COUNSELING FOR IMPROVED PATIENT COMPLIANCE

Ac	tion Guide	STEP 10	Date:		
Na	ime:		Progra	ım:	
	Supply Managemo	ent Action Area: COUI COMPL		PROVED PAT	TIENT
Α(CTION				V
1.	interviews with careg dispensing unit after a i. If when o information medication	or dispensing units of se ivers of sick children as getting medicine to deter btaining a medication for on from the health works in to a child	they are leaving the rmine: r a child, caregivers are about how to give	pharmacy or receive that	
	medicine	•			
		icated in the header of the If possible, try to interv			
2.	from the health worke	age of caregivers stating er on how to give the me in column 1 of Annex 4	edicine to the child. U		
3.		age of caregivers stating back this information. U 4.			
	the medication to the Annex 4.	age of patients able to st child. Use information p	provided in column 3	_	
5.	-	age of caregivers receivi mation provided in colu	_	%	
6.		rith the staff at the facili and other products requ			

Name:	Progra	m:
Supply Management Action Are	a: COUNSELING FOR IM COMPLIANCE	PROVED PATIENT
ACTION		V
. Write down your conclusions and sl	are with the IMCI or CS com	mittee.
Outcomes from IMCI or Inter-Agenc	y Coordinating Committee]	Meeting
Juccomes from fivier of finer-Agenc	y Coordinating Committee	viccing

STEP 11. USE OF MEDICINES IN THE PRIVATE SECTOR

Ac	tion Guide	STEP 11		Date:	
Na	ime:			Program:	
	Supply Management Ac	tions Area: MEDIC SECTOR	INE USE I	N THE PRIVATE	
AC	CTION				
1.	Visit several private pharma medicines in the private sec conduct simulated purchase else to do them. As per the purchase should present her one of the following conditi Record what the assistant o avoid needlessly purchasing will come back later to purch	etor. Use the Simulates in private medicine instructions, the persected or himself as the ions: non-pneumoniar staff member at the g any medication, sin	ed Purchase e outlets you on conducting caregiver of cough or cough pharmacy s	Form in Annex 6 to rself or to train someone ng the simulated of a sick child with any old, diarrhea, or malaria. uggests that you buy. To	
2.	Calculate and record indicatable <i>Summary of Results: S</i> Annex 7.		_		
	Indicators for use in the private	vate sector are as foll	ows:		
	Non-pneumonia ARI: • % prescribed an Non-bloody diarrhea: • % prescribed an • % given ORS (t Malaria, non-pneumonia Al • % of cases prov	RI and non-bloody dided with some dosage	arrhea: ge informati	on	
3.	Either after the simulated puthe simulated purchase, determined and Commodities visited.	ermine if the product	s in your Es	sential Child Survival	

Name:		Program:				
	Supply Management Actions Area: ME SECTO					
ļ.	Share your findings with the staff at the pharmacy or medicine outlet. Discuss with pharmacy staff how certain medicines and other products required for child survival can be prioritized.					
5. Write down your conclusions and share with the IMCI or CS committee.						
Zo	onclusions to share with the IMCI or CS co	ommittee:				
Οι	itcomes from IMCI or Inter-Agency Coor	dinating Committee Meeting				
		g				

STEP 12. MONITORING AND EVALUATION

Action Guide	STEP 12	Date:	
--------------	---------	--------------	--

Congratulations! You have reached step twelve, the last step of the program! This is the final step and one you should take every time you visit a facility for any other activities such as supervision. This step includes some of the useful tools you used in assessing the use and availability of the products identified as essential for your program. We advise you to use these tools to monitor how the supply system is working at least once a year after you have used the *Guide*. Feel free to send your findings and comments. We want to hear from you. Good luck!

MONITORING AND EVALUATION

Whenever you visit a facility, take your table with you and try to conduct the following activities. Assess the following areas.

Ar	eas for monitoring	Form to use	Size of sample
1.	Storage conditions	Use the form in Annex 2 .	Each facility visited
2.	Presence of stock cards	Use the form in Annex 2 .	Each facility visited
3.	Availability of medicines and supplies on the list and calculate the percentage	Use the form in Annex 2 .	Each facility visited
4.	Presence of IMCI guidelines	Use the form in Annex 3 .	Each facility visited
5.	Use of medicines by studying what percentage of prescriptions for cases of ARI, diarrhea, pneumonia, and malaria are according to IMCI guidelines.	Use the form in Annex 3 .	5 prescriptions per disease per facility over a 6-month period (i.e., one child case picked at random each month) per facility
6.	Caregivers actually get their medicines dispensed and whether they get advice about how to take their medicine.	Use the form in Annex 4.	5 exit interviews per facility
7.	Caregivers can describe how to take medicines correctly.	Use the form in Annex 4.	5 exit interviews per facility
8.	In private pharmacies or medicine shops, carry out simulated purchases.	Use forms in Annex 6 .	In 2–3 different outlets near the health facilities visited, try to conduct one of each of the scenarios for simulated purchases.

More advice:

- \checkmark At each facility discuss your findings with staff and record reactions.
- After 10 facilities, we think you should be able to summarize and present findings to the IMCI technical committee or other partners you may have. Use the summary forms in **Annexes 5 and 7**. The findings show trends of problems and may indicate the need to look into some problems more carefully. For more information on how to solve other supply problems, check *Managing Drug Supply*, 2d edition (MSH 1997) or contact RPM Plus CS staff at rpmplus@msh.org.

ANNEX 1. ESSENTIAL CHILD SURVIVAL MEDICINES AND COMMODITIES

Column 1	2	3	4	5	6	7	8
Medicines/commodities	Strength/form or specification	Packaging or other requirements	Storage or maintenance requirements	On EML Y/N	In CMS Catalog Y/N	CMS Price	Registered Y/N
1.			•				
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							
16.							
17.							

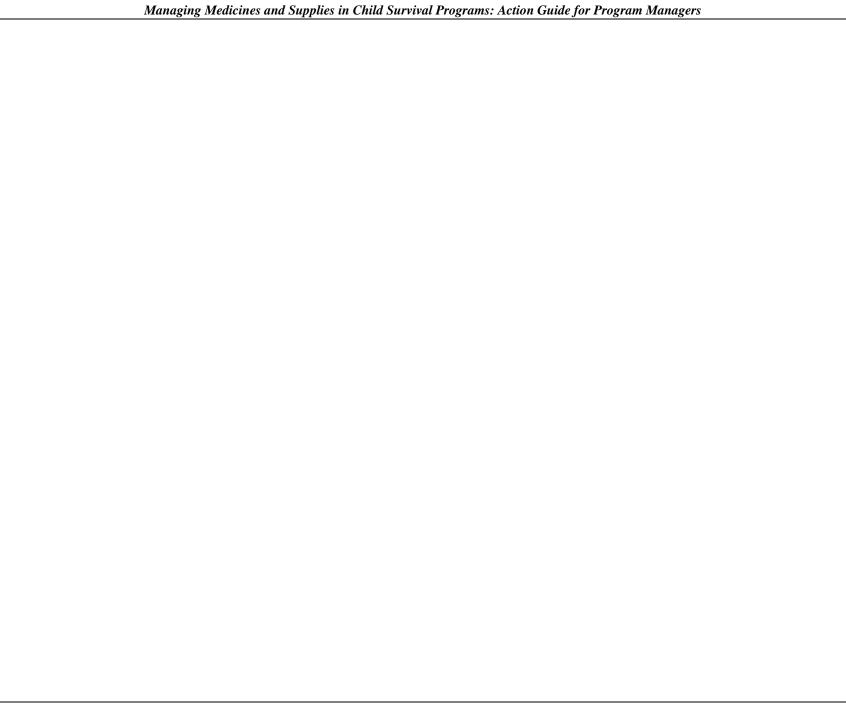
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TIZUTUS TIZUTUS UT	ici Suppites iii	CIVIU DUI I UI UI I	og will it it it is out	ide joi i i ogi dilli lizalidgels

18.				
19.				
20.				

ANNEX 2. FORM FOR AVAILABILITY

Facility name:		Type of facility:	
District:		Date:	
Observation:			
Store is clean:	$Y \square N \square$		
Stock cards present:	$Y \square N \square$		

Column 1	2	3	4	5	6	7		
Product List (from Step 1)	Available	Physical count =	# of days out of stock		f stock	Total		
	Y/N	Amount recorded on card Y/N	Month	Month	Month	days out of stock		
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
Percentage of Ys over # of products x 100	%	%						
Row 1: Total of days out of stock for all medicines								
Row 2: Total number of products								
Row 3: Average percentage of time out of stock = (# from row 1 x 100) / (Number of days in 3 months x # from row 2):								



ANNEX 3. FORM FOR STUDY OF PRESCRIPTIONS

Facility name:	Type of facility:
District:	Date:
IMCI guide present? Y/N	

	Number of patient	Diagnosis	Month/year	Antibiotic Y/N	Antimalarial Y/N	ORS Y/N	First-line medicine prescribed according to IMCI or national guidelines Y/N	Comments or actual medicines prescribed
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
14.								
15.								
16.								
17.								

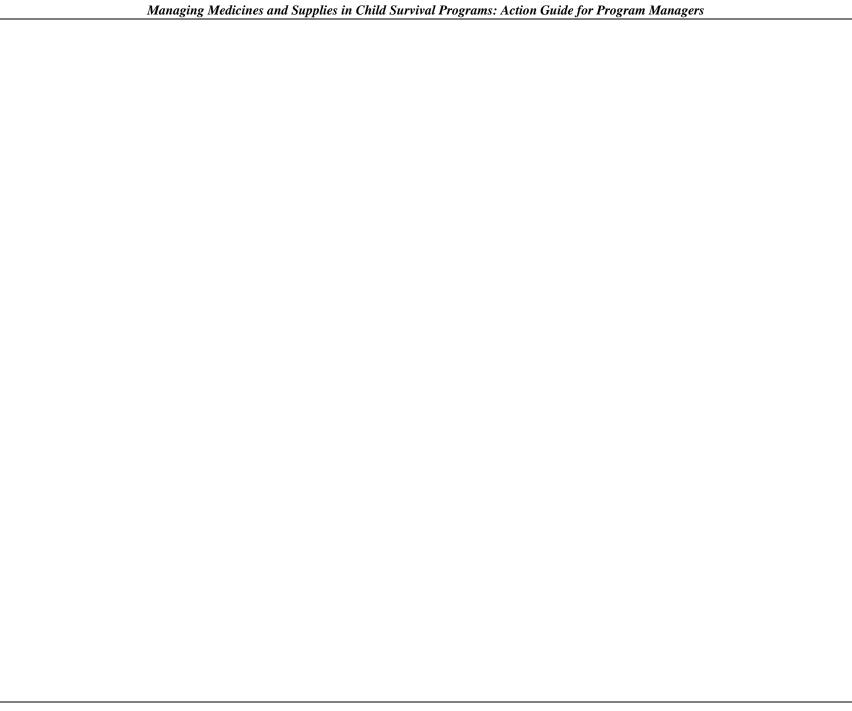
	Number of patient	Diagnosis	Month/year	Antibiotic Y/N	Antimalarial Y/N	ORS Y/N	First-line medicine prescribed according to IMCI or national guidelines Y/N	Comments or actual medicines prescribed
18.								
19.								
20.								
21.								
22.								
23.								
24.								
25.								
26.								
27.								
28.								
29.								
30.								
	% Cases of	malaria treated with		N/A		N/A		
	% Cases of non-pneumonia ARI treated with			N/A	N/A	N/A		
	% Cases of pneumonia treated with			N/A	N/A			
	% Cases of non-bloody diarrhea treated with			N/A		N/A		
	All							

N/A = Not applicable to this indicator

ANNEX 4. FORM FOR EXIT INTERVIEWS

Facility name:	Type of facility:
District:	Date:

Cases	1	2	3	4
interviewed	Ask the caregiver		Ask the caregiver	Check the prescription and
	"Did the health worker tell you how to give the medicines to your child?" Record answer: Y/N	"Did the health worker ask you to repeat back how to give the medicines to your child?" Y / N	"How will you give the medicines: dose, frequency, and duration?" Record if this is correct: Y/N	determine if the caregiver received all the medicines that were prescribed. Y/N
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
Total # of Ys / total # of				
cases x 100	%	%	%	%



ANNEX 5. SUMMARY OF RESULTS: PUBLIC FACILITIES

Facility	Store clean Y/N	Stock cards present Y/N	Availability of medicines on the list (overall % from annex 1)	Stock corresponds to physical count (%)	Avg % of time out of stock	IMCI guidelines Y/N	Antibiotics used for ARI non pneumonia. (%)	First-line antibiotic used for pneumonia (%)	First-line antimalarial used for malaria (%)	ORS used for diarrhea with no antibiotics (%)	All Medicines dispensed (%)	Info on medicine administration given to caregiver (%)	Administration correctly described (%)
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
Overall % or average													

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ANNEX 6. SIMULATED PURCHASE

Form for Non-Pneumonia (Cough or Cold) in Private Pharmacies or Medicine Outlets

Present yourself as the caregiver of a two-year-old child who has been suffering from a cold for two days. Use local terms to describe the symptoms of the child. Request advice regarding which products to give the child. Do not provide additional information unless directly asked for more information. Purchase the medicines recommended by the retail drug seller and leave the shop, or say you do not have money and will come back.

If the drug seller asks these questions, reply as follows:

Facility name:

The condition of the child: Say the child is a little tired, with a slight fever, the child plays but tires easily, the child eats and drinks normally, but has a runny nose with clear discharge.

Description of the cough: Say that the respiration is noisy and that the child has a mild cough. There is no vomiting after the cough.

If the child took medication: Say that the child has not taken medication.

For all medicines recommended for purchase by the drug seller, write down the following information after leaving the shop.

Location:	Date:		Currency	Currency used:			One U.S. dollar =		
Name, Strength, and Dosage Form	Dosage Quantity	Frequ	ency	Duration of Treatment (days)	Ins	structions	Price	Pack Size	
Did dispenser provide basic information	on on how to ta	ake the medic	ines? Y 🗆	N 🗆					

Your name:

Form for Diarrhea in Private Pharmacies or Medicine Outlets

Present yourself as the caregiver of a two-year-old child who has had diarrhea for two days. Use local terms to describe the symptoms of the child. Request advice regarding which products to give the child. Do not provide additional information unless directly asked for more information. Purchase the medicines recommended by the retail drug seller and leave the shop, or say you do not have money and will come back.

If the drug seller asks these questions, reply as follows:

Facility name:

The condition of the child: Say the child is a little tired, with a stomachache and diarrhea, but without fever or vomiting.

Diarrhea episodes: Say that the child has four to five daily episodes of loose, watery stools, without blood.

If the child ate something out of the ordinary or took medication: Say that the child did not eat anything unusual or take medication.

For all medicines recommended for purchase by the drug seller, write down the following information after leaving the shop.

Location:	Date:		Currency used:			One U.S. dollar =		
			•					
Name, Strength, and Dosage Form	Dosage Quantity	Frequ	ency	Duration of Treatment (days)		structions	Price	Pack Size
			·			·		
Did dispenser provide basic information	on on how to ta	ake the medic	ines? Y 🗆	N 🗆				

Your name:

Form for Malaria in Private Pharmacies or Medicine Outlets

Present yourself as the caregiver of a two-year-old child who has had a fever for the last two days. Use local terms to describe the symptoms of the child. Request advice regarding which products to give the child. Do not provide any additional information unless directly asked for more information. Purchase the medicines recommended by the retail drug seller and leave the shop, or say you do not have money and will come back.

If the drug seller asks these questions, reply as follows:

Facility name:

The condition of the child: Say the child does not have a cough or any other symptoms, but has a fever. The child is playing less.

If the child took medication: Say that the child has not taken medication.

For all medicines recommended for purchase by the drug seller, write the following information after leaving the shop.

Location:	Date:		Currency used:			One U.S. dollar =			
Name, Strength, and Dosage Form	Dosage Quantity	Frequ	ency	Duration of Treatment (days)	In	structions	Price	Pack Size	
Did dispenser provide basic information on how to take the medicines? Y \square N \square									

Your name:



ANNEX 7. SUMMARY OF RESULTS: SIMULATED PURCHASE IN PRIVATE PHARMACIES OR MEDICINE OUTLETS

Pharmacy or medicine outlet	Antibiotics used for ARI non-pneumonia.	First-line antimalarial used for malaria (%)	ORS used for diarrhea (%)	Antibiotics used for diarrhea (%)	Info on medicines administration given to caregiver (%)	Administration correctly described (%)	All key medicines available (%)
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Overall % or average							

